



## 2014 RECORD REVIEW

(Use this form to follow the electronic version of monitoring.)

- ☐ Timelines    ☐ Sped Record Includes    ☐ Referral    ☐ Evaluation Plan  
☐ Evaluation Report (ER)    ☐ IEP    ☐ LRE    ☐ Transition    ☐ Transfer

**NOTE:** Place a check in the above boxes only if you have checked that an item in that section is non-compliant. Do not check for concerns, only for non-compliance.

Student Initials:	Birthdate:	Age:	Gender:	Grade:
District:	School Building:	Case Manager:		
Disability:	Person Completing Record Review:			

**NOTES:** **Student Initials:** Use all three initials. **Age:** At date of most recent IEP. **School:** School currently attending. **Case Manager:** Name of current case manager, special education teacher or speech provider (if student only receives only speech services).

Dates					
	Referral	Evaluation Plan	Evaluation Report (ER) Meeting	IEP Meeting	IEP Amendment
Most Recent	Most Recent	Most Recent	Most Recent	Most Recent	Current IEP Year Only
Previous		Previous	Previous	Previous	
Previous		Previous	Previous	Previous	

<b>NOTES:</b>



This symbol means that you will not find the information in the AIM system, only on the hard copy documents.

**If over 60 days from the evaluation plan to the evaluation for an initial evaluation check one:**

- ☐ No reason given.  
☐ Student transferred districts during the 60-day timeline.  
☐ The student did not participate in scheduled evaluations.  
☐ Meeting rescheduled due to \_\_\_ parents \_\_\_ school district staff.  
☐ District staff did not complete evaluation(s) in 60-day timeline.  
☐ School not in session for all/part of the 60-day interval (summer/winter vacation).  
☐ District and parent agreed to postpone evaluation report.  
☐ Part C agency did not provide evaluation information in a timely manner.

Other, please explain: \_\_\_\_\_

**SPECIAL EDUCATION RECORD INCLUDES:**

☐☐ **A. Is this an Initial Evaluation?**



☐☐ **B. Access log.**

"Yes"	Record has an access log.
"No"	Record DOES NOT have an access log.
"NA"	Only for Do Not Qualify (DNQ)



☐☐ **C. Information about this student only.**

**Please note what needs to be corrected:** \_\_\_\_\_

**NOTE:** Information about siblings contained in social histories or disciplinary records which contain information about other students is acceptable.

☐☐ **D. Evaluation Data (summaries of assessments, test protocols, et. al.).**



**What is missing?** \_\_\_\_\_

**NOTE:** Test protocols must be kept in the special education records and not in the sole possession of a case manager, speech provider or school psychologist.

☐☐ **E. Progress Reports sent to parents.**

**NOTE:** Progress reports may be in the special education record, stored with current IEP or be available from the special education teacher for the IEP in effect. Check "NA" if this is an initial IEP and the progress report period has not yet ended.

**NOTES:**

**REFERRAL includes:**

☐ **Prior to 8/1/12**    ☐ **Referral from another district**    ☐ **Reconstructed**

☐ **Current Document not in Record**    \_\_\_\_\_ **Date of Referral**

**NOTE:** If you checked any of the boxes above, move to the next section without reviewing the document.

☐☐ **A. Regular education interventions tried.**

**NOTE:** Attached documentation from pre-referral teams is acceptable and encouraged.

"Yes"	The documentation of general education interventions includes all four components on the referral form. (Dates, Implemented by, Intervention, Results of Intervention).
"No"	One or more of the components are missing, the interventions did not address the specific reason for referral or the duration of the interventions was too short to have an effect on the students.

☐☐ **B. Specific reasons for the referral.**

"Yes"	The reasons for referral reflect the results of observations, assessments, and interventions (such as screening data, individualized test results, and pre-referral strategies).
"No"	The reasons for referral are vague or not related to the general education interventions ("having problems," "needs assistance").

☐☐ **C. Signature of person making referral.**

☐ **Check this box if the parent signed as the referring person.**



☐☐ **D. Parent signed as the referring person.**



**NOTES:**

**EVALUATION PLAN includes:**    ☐ Prior to 8/1/12    ☐ Current Document not in Record  
☐ Evaluation Plan from another district  
\_\_\_\_\_ Date consent received

**NOTE:** If you checked any of the boxes above, move to the next section without reviewing the document.

☐☐ **A. Why the student is being evaluated.**

☐☐ **B. A parent signature for permission.\*** 

☐☐ **C. If written permission was not obtained for reevaluation, record has documentation of attempts to obtain.**

☐☐ ☐ **D. The Evaluation Plan was provided in the parents' native language.**

**NOTE:** Look for evidence in the file that the student is LEP or that the parent's language is something other than English.

**NOTE:** Check all identified assessments for use with items E and F in the Evaluation Report.

☐ Academic    ☐ Assist. Tech.    ☐ Behavioral    ☐ Class-Based Assess.    ☐ Communication  
☐ Developmental    ☐ English Proficiency    ☐ FBA    ☐ Observations    ☐ Physical  
☐ Psychological    ☐ Social/Emotional    ☐ Transition    ☐ Other: \_\_\_\_\_

**NOTES:**

**EVALUATION REPORT (ER) includes:**    School: \_\_\_\_\_    SPED Teacher: \_\_\_\_\_

☐ Prior to 8/1/12    ☐ ER Report from another district    ☐ Current Document not in Record  
\_\_\_\_\_ Date of last team meeting    \_\_\_\_\_ Date of last assessment

**NOTE:** If you checked any of the boxes above, move to the next section without reviewing the document.

☐☐ **A. Parent comments.**

<b>"Yes"</b>	Parent comments are included or it is noted that the parents had no comments or did not attend.
<b>"No"</b>	Parent comments area is left blank.

☐☐ **B. Current classroom-based assessments (CBA).**

**NOTE:** CBA include grades, individual assessments and reports of student abilities.

<b>"Yes"</b>	CBA are complete and provide information on current performance.
<b>"No"</b>	There are no CBA or CBA do not provide information on current performance.

☐☐ **C. CBA includes the student's involvement and progress in the general curriculum.**

☐☐ **D. Observations by teachers and/or related services providers.**

**NOTE:** These may be contained in psychological or other reports, so long as they are attached to the ER.

☐☐ ☐ **E. All assessments marked on Evaluation Plan were conducted.**  
If no, which assessments were not conducted?

☐☐ ☐ **F. Only assessments marked on the Evaluation Plan were conducted.**  
If no, which assessments not marked were conducted?

**NOTE:** Mark N/A if no Evaluation Plan was found.

☐**G. Implications for educational planning for all assessment areas.****NOTE:** Implications must specify modifications/accommodations or suggested teaching methods.☐☐**H. (Initial ER) - Disability criteria.****NOTE:** Check "No" if there is no criteria for each identified disability or if a written statement does not address all criteria in the ARM for that disability.☐**I. Need for special education and related services.**

"Yes"	The statement specifically addresses that the student needs adapted content and/or adapted teaching methods and/or adapted instructional delivery, in order to address the unique needs of the disability.
"No"	The statement does not meet the above standard, for example: it is a statement of the disability, ("Nica is SI") or a statement that the student "needs special education."

☐☐**J. (Initial ER) - The results of assessments in all areas related to the suspected disability.****NOTE:** Review the criteria checklists, including exclusionary factors, to determine necessary assessments.

"Yes"	Record includes results of assessments in ALL areas related to the suspected disability.
"No"	The necessary assessments were not completed for ALL categories of disability.
<b>NOTES:</b>	

**K. EVALUATION REPORT (ER) includes:****K1.** ☐ ☐ **Parent(s)****K2.** ☐ ☐ **If parent did not attend, records of attempts to arrange a mutually agreed on time/place.****NOTE:** This may be documented through meeting notes, contact logs or copies of invitations.**K3.** ☐ **Student****K4.** ☐ ☐ **Administrator****K5.** ☐ ☐ ☐ **Regular education teacher****K6.** ☐ ☐ **Special education teacher or Speech and language pathologist****K7.** ☐ ☐ **Teacher or specialist with knowledge in the area of suspected disability****NOTE:** This could be the special education teacher, parent or related service professional.

REQUIRED FOR <u>INITIAL</u> ER MEETING	AU	CD	DB	DE	ED	HI	LD	SI	TBI
School Psychologist	X	X			X		X		X
Speech-language Pathologist	X		X	X or X		X or X		X	X
Audiologist									

**NOTE:** For DE and HI, either a SLP or Audiologist is required, not both.**IEP INCLUDES:** School: \_\_\_\_\_ SPED Teacher / SLP: \_\_\_\_\_

\_\_\_\_\_ Date if current IEP \_\_\_\_\_ Date of previous IEP (if not initial)

☐ **Current Document not in Record**☐**A. IEP was in effect at the beginning of the school year.**☐**B. Concerns of the parents.**

"Yes"	Parent comments are included or it is noted that the parents had no comments or did not attend.
"No"	Parent comments area is left blank.

**Consideration of:**

**NOTE:** Place a mark in the first or second column to indicate "Yes" or "No" that the IEP documented consideration of this special factor. Place a mark in "(Checked "Yes": \_\_)" if the IEP team checked the item "Yes."

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>C1. Whether student behavior impedes learning (Checked "Yes": __)</b>                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>C2. Communication needs (Checked "Yes": __)</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>C3. Assistive technology devices/services (Checked "Yes": __)</b>                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>C4. Limited English Proficiency (Checked "Yes": __)</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>C5. If any item in B-F is checked "Yes," the need is addressed in the IEP</b> |

**NOTE:** These factors may be addressed by goals, accommodations, modifications, specific plans (behavior, special health care, technology, etc.) or in the minutes.

**D. For student who is blind or visually impaired, consideration of:**

- D1. Orientation and mobility = Yes \_\_ or No \_\_ (If Yes, training must be in IEP)**  
**D2. Instruction in Braille = Yes \_\_ or No \_\_ (If No, minutes must say "Why not")**

<b>NOTES:</b>

<input type="checkbox"/>	<input type="checkbox"/>	<b>E. Present level of academic achievement and functional performance (PLAAFP).</b>
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- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>E1.</b> PLAAFP is present (if no, proceed to next item)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>E2.</b> Describes academic performance (knowledge: qualitative and quantitative)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>E3.</b> Describes functional performance (ability to apply knowledge)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>E4.</b> Describes how the disability affects involvement and progress in the regular curriculum or for preschool students, involvement in appropriate activities |

<input type="checkbox"/>	<input type="checkbox"/>	<b>F. Measurable annual goals (MAG).</b>
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- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>F1.</b> MAG is present (if no, proceed to next item)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>F2.</b> Is aligned with PLAAFP (meets needs identified in PLAAFP)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>F3.</b> Describes expected level of performance   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>F4.</b> Includes how performance will be measured   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>F5.</b> MAG addresses enabling the child to be involved in and make progress in the regular curriculum or, for preschool children, to participate in appropriate activities |

**G. COMPLETE THIS ITEM ONLY for children who take the CRT-ALT:  
Short-term Objectives or Benchmarks which are measurable (STOB)**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>G1.</b> STOB is present (if no, proceed to next item)             |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | <b>G2.</b> Is aligned with PLAAFP (meets needs identified in PLAAFP) |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | <b>G3.</b> Describes expected level of performance                   |
| <input type="checkbox"/> | <input type="checkbox"/> |                          | <b>G4.</b> Includes how performance will be measured                 |

**H. If student does not participate in Physical Education, specially designed physical education is included in the IEP: Yes ☐ No ☐**

**NOTE:** If the severity/nature of the student's disability would suggest specially designed physical education but it is not identified in the IEP, ask the sped teacher if the student participates in regular PE.

<input type="checkbox"/>	<input type="checkbox"/>	<b>I. How often progress reports will be sent to parents</b>
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**NOTE:** If at least one progress reporting period is checked within the IEP, mark this item "Yes."

☐☐ **J. IEP considers the results of the most recent Evaluation Report (ER).**

**NOTE:** Mark N/A if the ER report was not found.

<b>"Yes"</b>	Any special education or related services in the evaluation report are included in the current IEP or there is an explanation on the current or previous IEP as to why those services were not considered.
<b>"No"</b>	Any of the indicated services are not included in the IEP <u>and</u> there is no explanation as to why they were not considered.
<b>"NA"</b>	The evaluation report is more than two years old and was not reviewed.

☐☐ **K. IEP team addressed any lack of progress in the general curriculum.**

<b>"Yes"</b>	ALL academic needs in the evaluation report or IEP were included in the IEP or there was an explanation as to why the need was not included. Reference the following IEP sections: Educational Concerns, PLAAFP and the MAG descriptions.
<b>"No"</b>	One or more needs were not included or explained in the IEP.

☐☐ **L. The frequency of special education and related services .**

**NOTE:** "Date of initiation" is "Today's Date" on page 1 of the IEP.

<b>"Yes"</b>	Each of the above items is identified in the IEP.
<b>"No"</b>	One or more of the above items is not identified in the IEP (circle the missing item).

☐☐ **M. The location of special education and related services .**

**NOTE:** "Date of initiation" is "Today's Date" on page 1 of the IEP.

<b>"Yes"</b>	Each of the above items is identified in the IEP.
<b>"No"</b>	One or more of the above items is not identified in the IEP (circle the missing item).

☐☐ **N. The date of initiation of special education and related services .**

**NOTE:** "Date of initiation" is "Today's Date" on page 1 of the IEP.

<b>"Yes"</b>	Each of the above items is identified in the IEP.
<b>"No"</b>	One or more of the above items is not identified in the IEP (circle the missing item).

**O. The child's placement:**

☐☐ **O1. is based on the child's IEP.**

<b>"Yes"</b>	The placement in a special education setting is based on the amount and type of services identified in the IEP.
<b>"No"</b>	The placement in a special education setting is greater than necessary to provide the services identified in the IEP.

☐☐ **O2. is as close as possible to the child's home.**

<b>"Yes"</b>	The school the student is attending is the closest available school providing the services this student needs.
<b>"No"</b>	The school the student is attending is <b>not</b> the closest available school providing the services this student needs.

**NOTE:** Having this box checked "No" on the IEP does not indicate non-compliance if a reasonable explanation is provided.

☐☐ **O3. is in the school that he/she would attend if nondisabled.**

<b>"Yes"</b>	This school is within the attendance area of the student's residence.
<b>"No"</b>	He/she attends a school other than the one which he/she would attend if not disabled.

☐☐ **O4. In selecting the LRE, consideration is given to any potential harmful effect on the child or on the quality of services that he or she needs.**

<b>"Yes"</b>	The LRE decision made by the team is appropriate to the student's identified needs.
<b>"No"</b>	There is insufficient documentation to support the LRE decision, which may have a harmful effect upon the child.

**NOTE:** If "No" is checked for any of the preceding explain why below.

**NOTES:**

☐☐

**P. Supplementary Aids and Services for the student, including modifications or supports for school personnel.**

**NOTE:** If team checked "None Needed," check Yes.

<b>"Yes"</b>	The IEP contains Supplementary Aids and Services which are necessary for the student and/or school personnel. Examples include: extended time on exams or staff training in use of specific positive behavioral interventions. If team checked "Not Needed," check Yes.
<b>"No"</b>	The IEP does not contain the Supplementary Aids which were suggested by the evaluation report team, previous IEPs or individualized assessments or observations.

**Q. Participation in State/Districtwide Assessments.**

<b>"Yes"</b>	The IEP documents a choice for BOTH tests below.
<b>"No"</b>	One or more tests are not addressed or addressed inappropriately.

**The student will participate in the following manner:**

**Q1. The IEP addressed the student's participation in the assessments (mark NO if assessment was not addressed or marked NA for a year in which the child must participate).**

☐☐

State

☐☐

District

**Q2. The student will participate in the following manner:**

**CRT Tests (Grades 3-8, 10)**

☐

Alternate assessment

☐

Without accommodations

☐

With accommodation(s)

☐

Testing not required

**Districtwide Tests**

☐

Alternate assessment

☐

Without accommodations

☐

With accommodation(s)

☐

Testing not required

☐☐

**R. For students taking the state alternate assessment, the IEP addressed:**

☐☐

**R1.** Why the child cannot participate in the particular assessment

**R2.** Why the particular alternate assessment selected is appropriate for the child

**S. Extended School Year Services.**

☐

The IEP team has made a determination regarding the child's need for Extended School Year services. (NOTE: if the student's third birthday occurs in the summer, the IEP team shall decide whether the student is to receive extended school year services during that summer.)

☐

The IEP team has not made a determination regarding the child's need for Extended School Year services.

☐

The IEP team has decided to wait until a later date to make a determination regarding the child's need for Extended School Year services.

**NOTE:** If the student's third birthday occurs in that summer, the individualized education program (IEP) team shall decide whether the student is to receive extended school year services during that summer.

**T. Extended School Year services reconvened meeting.**

☐

The IEP team set a date to reconvene to discuss the need for extended school year services and met by the target date.

☐

The IEP team did not set a date to reconvene to discuss the need for extended school year services or did not meet by the target date.

☐☐**U. IEP Accessibility and Responsibilities.**

<b>"Yes"</b>	One of the four IEP Accessibility and Responsibilities check boxes is marked.
<b>"No"</b>	None of the IEP Accessibility and Responsibilities check boxes are marked.

**NOTES:**☐☐**V. IEP Team Includes:**☐☐**V1. Parent(s)**☐☐**V2. If parent did not attend, records of attempts to arrange mutually agreed on time/place****NOTE:** This may be documented through meeting notes, contact logs or copies of invitations.☐☐**V3. Written consent for initial and annual placement was obtained prior to placement**☐☐**V4. Student, age 15 and older "No" and "Na" boxes removed**☐☐**V5. Administrator**☐☐**V6. Regular education teacher**☐☐**V7. Special education teacher or speech and language pathologist**☐☐**V8. Teacher or specialist with knowledge in the area of suspected disability****NOTE:** This could be the special education teacher, parent or related service professional.☐☐**W. There was an IEP team member excusal.**☐☐**X. The Excusal Documented:**☐☐**X1. The parent's consent for excusal prior to the IEP meeting**☐☐**X2. The member(s) to be excused**☐☐**X3. Each excused member provided written input prior to the meeting**☐☐**X4. Copies of the written input from each excused IEP team member is included in the IEP document**☐**Y. Reevaluation:**☐**Y1. A reevaluation occurred at least every three years, or the parent and school district agreed a reevaluation was unnecessary**☐**Y2. A reevaluation or agreement that a reevaluation was unnecessary did not occur at least every three years**☐**Y3. (NA) Initial evaluation within last three years****TRANSITION IEP includes: (Beginning at age 15).**☐**The IEP contains a secondary transition plan.**☐☐**A. Student was invited to attend the IEP meeting where transition services were discussed.**☐☐**B. The student's desired post-school activities were considered.**

<b>"Yes"</b>	"Student's Desired Post-School Activities" are listed.
<b>"No"</b>	"Student's Desired Post-School Activities" are not listed (left blank).

☐☐**C-F. Age appropriate transition assessment was conducted.**

<u>ASSESSMENT</u>	Not Conducted (Mark X)	Not Appropriate (Note)
<b>C. Training</b>		
<b>D. Education</b>		



<b>E. Employment</b>		
<b>F. Independent Living Skills (if appropriate)</b>		

<b>"Yes"</b>	Transition assessment results are described or attached.
<b>"No"</b>	Assessment was not conducted or not appropriate in one or more areas (PLEASE NOTE).

☐ ☐

**G - I. Measurable post-secondary goals related to education or training, employment and, if appropriate, independent living skills.**

**NOTE:** More than one required area may be included in a single goal.

<b><u>POST-SECONDARY GOALS</u></b>	<b>Not Included (Mark X)</b>	<b>Not Appropriate (Note)</b>
<b>G. Training or Education</b>		
<b>H. Employment</b>		
<b>I. Independent Living Skills (If appropriate)</b>		

<b>"Yes"</b>	A measurable postsecondary goal was written for each area: education or training, employment, and if appropriate, independent living skills.
<b>"No"</b>	All required areas were not included in a measurable postsecondary goal(s) or weren't appropriate (PLEASE NOTE).

☐ ☐

**J. Post-secondary goal(s) are updated annually.**

☐ ☐

**K. The IEP includes the Courses of Study for at least the duration of the IEP.**

**NOTE:** This includes the courses of study and not the Anticipated Graduation Date or credits earned to date.

☐ ☐

**L. Needed transition services were considered.**

<b>"Yes"</b>	Every service area was considered because specific services are documented or the box, "Discussed and not needed" is checked.
<b>"No"</b>	One or more service areas was not considered.

<b>NOTES:</b>

☐ ☐

**M. Other agencies were providing transition services prior to graduation.**

☐ ☐

**N. IEP team includes representative of other agencies providing transition services.**

☐ ☐ ☐

**O. The district invited (with parent permission) any other agency that is likely to be responsible for providing or paying for transition services.**

**NOTE:** Look on meeting invitation. **If you check "No" complete the following:**

Agency that should have been invited: \_\_\_\_\_

Service(s) agency was to provide prior to graduation: \_\_\_\_\_

<b>"Yes"</b>	<b><u>Check Yes ONLY if PRIOR TO GRADUATION OF THE STUDENT the agency:</u></b> 1. is likely to or is paying/providing for a Transition Service <b><u>prior to graduation</u></b> ; and 2. The Transition Service likely to being paid for/provided by the other agency <b><u>prior to graduation</u></b> is included in the <u>Transition Services Needed to Assist the Student in Meeting MPSG</u> area of the IEP.
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"No"	The IEP team was required to include a representative <u>prior to graduation</u> but did not.
"N/A"	Other agencies were not providing transition services <u>prior to graduation</u> .

- ☐☐ **P. If the agency failed to provide the transition services described in the IEP, the district reconvened the IEP team to identify alternative strategies.**

**NOTE:** Look for evidence of this in the IEP or IEP Amendments.

"Yes"	The IEP has Measurable Annual Goal(s) and Transition Services which are steps to the MPSGs.
"No"	The Measurable Annual Goal(s) and Transition Services ARE NOT steps to the MPSGs

**Q. If student is age 17:**

- ☐☐ **Q1. Student was informed of rights that will transfer at age of majority.**

"Yes"	IEP shows student was informed at least one year prior to turning age 18 of the transfer of rights under the heading, "Transfer of Rights at Age of Majority." And/or a copy of the letter, "Transfer of Parental Rights/Student Notice" is complete and included in the student record.
"No"	IEP does not show the date the student was informed of rights and/or does not include a completed copy of the "Transfer of Parental Rights/Student Notice" form.

- ☐☐ **Q2. Parents were informed of rights that will transfer at age of majority.**

"Yes"	IEP shows parent was informed at least one year prior to the student turning age 18 of the transfer of rights under the heading, "Transfer of Rights at Age of Majority." And/or a copy of the letter, "Transfer of Parental Rights/Parent Notice" is complete and included in the student record. If the student was informed of rights, the parent was at the meeting, and the parent signed the IEP, check "yes".
"No"	IEP does not show the date the parent was informed of rights and/or does not include a completed copy of the "Transfer of Parental Rights/Parent Notice" form.

**IEP AMENDMENT:** School: \_\_\_\_\_ Teacher: \_\_\_\_\_

- ☐☐ **A. The IEP Amendment indicates the date of the IEP being amended**
- ☐☐ **B. Indicates what areas of the IEP are being amended**
- ☐☐ **C. Copies of changes to IEP are attached**
- ☐☐ **D. The IEP Amendment was approved by the parent**
- ☐☐ **E. The IEP Amendment was approved by the administrator**
- ☐☐ **F. The IEP Amendment was approved by the special education teacher or the speech/language pathologist.**

**NOTE:** Review only most recent IEP Amendment

**TRANSFER STUDENTS** Current school year only.

**A. In-state transfer**

- ☐☐ **The district implemented the student's IEP**

**Date of documentation:** \_\_\_\_\_

**B. Out-of-state transfer—the district:**

- ☐☐ **i. determined that student is eligible in Montana**
- ☐☐ **ii. implemented the student's IEP**

**Date of determination:** \_\_\_\_\_

**Date of documentation:** \_\_\_\_\_